

Utah WIC Policy and Procedures Manual

Section H: Supplementary Foods

H. SUPPLEMENTARY FOODS

Policy: Supplementary Foods

WIC supplementary foods are those foods containing nutrients that are determined by nutritional research to be lacking in the diets of pregnant, breastfeeding and postpartum women, infants and children and foods that promote the health of the population served by the WIC Program as indicated by relevant nutrition science, public health concerns, and cultural eating patterns, as prescribed by the Secretary of Agriculture.

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H.1. Food Selection Criteria

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Policy: Food Selection Criteria

Foods are selected for the Utah WIC Program based on USDA defined categories and nutrition criteria.

Procedure

I. USDA approval

- a. Products must meet the requirements outlined in the USDA Federal regulations Part 246, "Special Supplemental Nutrition Program for Women, Infants and Children."

II. Nutritional Criteria

- a. The application for inclusion needs to include printed information regarding the nutrient content as specified in the Department of Agriculture Federal Register 7 CFR Part 246 (Table 4).
- b. Infant formulas must have 10 mg iron per liter and 20 kcals per fluid ounce at standard dilution.
- c. Infant cereals must have 45 mg iron per 100 gm dry cereal.
- d. Cereal must have ≥ 28 mg iron per 100 gm dry cereal; ≤ 21.2 gm sucrose and other sugars per 100 gm dry cereal.
- e. Juice must be 100 % unsweetened fruit juice and have 30 mg vitamin C per 100 ml of juice.
- f. If milk has Vitamin A and Vitamin D added, then these shall be present in each quart of product at not less than 2,000 IU and 400 IU, respectively.
- g. Foods with artificial sweeteners are **not allowed**.
- h. With the exception of fresh fruits and vegetables, organic products are **not allowed**.

III. Cost

- a. *Except for cereal*, specific brand name food items cannot cost more than 5% above the current average cost of similar (*size and type*) brand name food items presently allowed by the State.

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- b. Private label food items cannot cost more than the current average cost of similar (*size and type*) brand name food items presently allowed by the State.
- c. WIC food items should encourage economical shopping habits.
- d. Increased packaging of items increases food costs, therefore packaging is a consideration. e.g.—individually packaged string cheeses are more expensive than bulk cheeses.

IV. Store brand/Private Label

- a. Must be authorized by WIC and stocked by the vendor.
- b. A store brand (also called a private label) **MUST** be purchased when indicated in the Authorized WIC Foods booklet. Some examples of store brands/private labels include: Western Family, Kroger, Albertsons/Essential Everyday, Great Value, Market Pantry, Hy-Top, (Malt-O-Meal bag cereals are authorized under this definition), other store brands/private labels may be available. If a store carries more than one store brand/private label then either product may be purchased regardless of price. If the store does not carry a store brand/private label for the WIC food item, then the cheapest brand name food item (such as Skippy, Kraft, Meadow Gold, etc.) can be purchased.

For cold cereal, full strength juice and frozen juice only, the WIC client **MUST** purchase an authorized store brand or private label (Western Family, Kroger, Albertsons/Essential Everyday, Great Value, Market Pantry, Hy-Top, Malt-O-Meal bag cereals are authorized under this definition) and cannot substitute a brand name (Kellogg's, General Mills, Post, Quaker Oats, Juicy Juice, Welch's, etc.). If a retailer is determined by the State WIC Office that they cannot obtain a store brand or private label cereal or juice, then a separate card will be given to the WIC participant indicating what can be purchased at those retailers.

(See Section F. Vendor Management for further details.)

V. Cold cereals

- a. Package sizes less than 12 ounces are not allowed, except those sizes needed for a homeless food package.
- b. At least half of the cereals must have whole grain as the primary ingredient and meet labeling requirements for making a health claim as a "whole grain food with moderate fat content."

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VI. Availability

- a. WIC products must meet at least a 70% distribution and availability rate throughout the State for all brand name food items.
- b. Items that are private label must be stocked by 70% of the stores affiliated with these specific brands.

VII. Exceptions

- a. Products needed for a homeless food package.
- b. Specific nutrition risk factor.
- c. Special food products.
- d. Special conditions due to unsanitary water.
- e. Participants who have low comprehension of preparing food items or formula.
- f. Items needed to serve WIC participants in an expedient manner.

VIII. Utah WIC Program Authorized Food List

- a. Pictorially shows the foods authorized by the Utah WIC Program.
- b. Given to all WIC participants to help them know which foods are WIC approved.
- c. Is an aid to assist clients in identifying and purchasing WIC approved foods.
- d. The State office will notify manufacturers, for whom contact information is on file in the State office, in December of each year regarding the application process for foods to be approved for the Utah WIC Program Authorized Food List. The Authorized Food List will be updated every year.
- e. The deadline for manufacturers to submit nutrient content information, using USDA spreadsheets, price, and distribution data to the State office is March 31 of each year. This information must be submitted for all foods including new foods that have not been previously approved/authorized and foods that have been previously approved.

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- f. The State office will review all manufacturer applications for nutrient content requirements, established by USDA, price and distribution data from April 1 through June 30 of each year.
- g. The State office will notify manufacturers of the foods that meet the USDA nutrient content requirements, price and distribution criteria by August 1 of each year to be published in the Utah WIC Program Authorized Food List, effective October 1.
- h. A new store with its own private label food products can submit their food applications at the time of authorization to become a Utah WIC Vendor.
- i. Price, distribution criteria and the application deadline may be waived for new food products that must be made available to meet the WIC participants' needs.

IX. Special Food Letter

- a. The Standard Special Food Letter is to be used when the CPA/RD determines that the issuance of 5.5-6oz full strength juice, 46-oz tomato or vegetable juice, calcium-fortified juice, cranberry juice, General Mills Rice Chex, or soy-based beverage is justified for the participant.
- b. The Rare Exception Special Food Letter is to be used when the CPA/RD determines that the issuance of a WIC approved product not listed on the Standard Special Food Letter is justified for the participant. Rare Exception Special Food Letters must be approved by the State.
- c. Required when a participant needs to purchase any food item that is not listed on the Utah WIC Program Authorized Food card. Appropriate reasons for use of the special food letter include medical necessity, limited preparation skills or lack of refrigeration.
- d. Must be presented to the vendor at the time of the item's purchase.
- e. Gives the participant permission to purchase the food item(s) specified for 6 months from the date of issuance.
- f. It also tells the vendor that the Utah WIC Program has authorized this special purchase.

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H.2. Definitions of Authorized WIC Foods

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Policy: Breastfeeding

Breastfeeding is the normal, recommended and preferred method of infant and child feeding.

Procedure

- I. During the prenatal and postnatal period and prior to issuance of formula, women should be informed about the risks of not breastfeeding and the risks associated with the use of formula.

Policy: Infant Formula

WIC infant formula refers to iron-fortified formula which, other than water, does not require the addition of any ingredient. It is a complete food for an infant. Infant formula means a “food which purports to be or is represented for special dietary use solely as a food for infants by reason of its simulation of human milk. It must also be suitable as a complete or partial substitute for human milk.” (P.L. 96-359, the Infant Formula Act of 1980, enacted September 26, 1980, and amended by the Drug Enforcement, Education, and Control Act of 1986.) The amount of formula issued is based on the USDA monthly method.

Procedure

- I. Standard formulas
 - a. Powdered formula—most common, least expensive form of formula
 - b. Concentrate formula
 - c. Ready-to-feed formula
 - d. See Section H.5 for formula issuance and ordering policies
- II. Primary contract formulas
 - a. Under the Child Nutrition Act of 1966, formula for all WIC Programs is selected via a competitive, sealed bidding process. Competitive bidding is defined as a process under which the State selects a single source offering the lowest price. The infant formula company who offers the lowest net wholesale cost or the highest rebate per unit of infant formula is awarded the contract. The formula company selected acts as the State’s single source, providing all infant formula in the forms and types originally spelled out in the invitation for bids.

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- b. The Utah WIC Program presently has a rebate agreement to provide the contract formulas Similac Advance Early Shield, Similac Soy Isomil, Similac Sensitive, Similac Sensitive for Spit-Up, Similac Go & Grow-Milk Based and Similac Go & Grow-Soy Based.
- c. All infants in the Utah WIC Program who are on a standard formula shall receive a primary contract formula, unless a non-contract formula is medically warranted. Similac Advance Early Shield is the standard for term babies who are not breastfed.
- d. Low iron formula is not allowed in Food Package I and II. However, it can be allowed in Food Package III.

III. Non-contract infant formulas

- a. Non-contract formulas include products designed for normal infant feeding. These products must contain at least 10 mg of iron per liter of formula at standard dilution. Standard dilution is 20 kcals per fluid ounce.
- b. Non-contract formulas include products whose manufacturers do not have cost-containment contracts with the Utah WIC Program.
- c. Enfamil Premium, Enfamil Prosobee (Mead Johnson), Good Start Gentle, Good Start Soy (Gerber), and store brands (PBM Products, LLC) are examples of non-contract formulas.

IV. Exempt formulas

- a. Breastfeeding must be supported and encouraged, unless medically contraindicated.
- b. Exempt formulas are formulas that are used in lieu of standard formulas to manage some of the medical conditions listed below
 - i. prematurity
 - ii. metabolic disorders
 - iii. inborn-errors of metabolism
 - iv. gastrointestinal disorders
 - v. malabsorption syndromes
 - vi. protein allergies
 - vii. failure-to-thrive (physician diagnosed)
 - viii. asthma
 - ix. organic heart disease

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- c. Refer to the “Product Guide” for in-depth detail regarding special formulas, as well as instructions regarding use and issuance/ordering.
 - d. Metabolic formulas are exempt formulas.
 - i. Those formulas required to manage inborn-errors of metabolism such as phenylketonuria.
 - ii. Refer to the “Product Guide” for metabolic formulas, as well as instructions regarding use and ordering.
 - e. Hydrolysates including Nutramigen Lipil, Pregestimil Lipil (Mead Johnson) and Alimentum (Abbott) are hypoallergenic formulas made for easy digestion and are less likely to cause allergic reactions than other types of formula.
- V. WIC-eligible medical foods represent certain enteral products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted or inadequate. Such WIC-eligible foods must serve the purpose of a food, meal or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug flavoring or enzyme. Consult the “Product Guide” for in-depth detail regarding special medical/nutritional products and formulas and their use.
- VI. Non-contract infant formula issuance with medical diagnosis of intolerance
- a. When receiving a complete medical documentation from a participant for non-contract formula with the medical diagnosis of “Intolerance to formula”, “Intolerance to Similac”, “Infant feeding Intolerance” or “Intolerance” then the Screening and Infant Feeding Assessment Plan must be filled out by the CPA/RD. Following this process will ensure that appropriate feeding techniques are being used and the right formula is being issued.
 - b. After the CPA/RD has collected information from the WIC participant, she/he will complete the Screening and Infant Assessment Plan and make an appropriate recommendation to either issue Non-contract Formula or Contract Formula.
 - c. When the Screening and Infant Feeding Assessment Plan has been completed it should be faxed to the primary care provider. Issuing formula other than what the original prescription was written for cannot be done without signature and approval from the participant’s primary care provider.

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- d. If the CPA/RD does not receive an immediate response or cannot wait for a reply from the primary care provider, one month of non-contract formula (as indicated on the original prescription) may be issued. Once written confirmation with approval from the primary care provider to issue the contract formula is received by the clinic, the contract formula should be issued according to the primary care provider's recommendations at the participant's next visit. If at any time the WIC participant needs non-contract formula after changing to contract formula, then a new prescription would be required.
- VII. Non-contract formulas, exempt infant formulas, medical formula/foods must have complementary foods prescribed by the health care provider in order for complementary foods to be issued. This information must be obtained on the Utah WIC Program Formula and Food Authorization Form.
- VIII. If complementary foods are not prescribed on the Formula and Food Authorization Form (medically unable to consume complementary foods) for a 6 through 11 month old infant in Food Package III, then the infant may receive exempt/medical infant formulas at the same maximum monthly allowance as infants ages 4 through 5 months if that formula amount is prescribed by the health care provider. The higher formula amount cannot be provided simply because the health care provider forgot to check complementary foods or because of simple preference for a higher amount of formula or not wanting complementary foods.
- IX. **Low-iron formula**
 - a. Only iron-fortified formula is authorized for healthy infants in the Utah WIC Program.
 - b. Exceptions
 - i. USDA recognizes the medical condition hemolytic anemia as necessitating the restriction of iron intake through the use of low-iron formula.
 - c. See section H. 5 regarding formula issuance and ordering policies.
 - d. See section H. 5 for the definition of Hemolytic anemia.

Policy: Eggs

- I. Medium, white only, are allowed.

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- a. Brown eggs, hard-boiled, deli, low in saturated fat or cholesterol-reduced, or any other specialty eggs are **not allowed**.
- b. They must be the store brand/private label.

Policy: Cereal

- I. Cereal refers to any combination of the allowed cereals, hot or cold, adult or infant, listed on the Utah WIC Program Authorized Food List.
 - a. The total amount of cereal purchased must be equal to or less than the total amount printed on the WIC check. Cold cereal box size may not be smaller than 12 oz.
 - b. The cereals may not have more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal (i.e.--6 grams per ounce).
 - c. Infant cereal refers to dry infant cereal without the addition of fruit or formula.
 - d. Infant cereal must have at least 45 mg of iron per 100 gm of dry cereal.
 - e. Adult cereal must have at least 28 mg of iron per 100 gm of dry cereal.

Policy: Whole Wheat Bread and Other Whole Unprocessed Grains

- I. Whole wheat bread refers to any of the allowed whole wheat bread products listed on the Utah WIC Program Authorized Food List.
 - a. Whole wheat bread refers to one pound packages that must contain whole wheat as the primary ingredient.
 - b. Buns, rolls and white bread are **not allowed**.
- II. Other whole unprocessed grains refers to brown rice, whole wheat tortillas, and soft corn tortillas that are listed on the Utah WIC Program Authorized Food List.
 - a. Brown rice may be instant-, quick-, or regular-cooking and may not contain added sugars, fats, oils, or salt.
 - i. Boil-in-bag and rice with added flavors or seasoning is **not allowed**.
 - b. Whole wheat and soft corn tortillas must have a whole grain as the primary ingredient by weight.

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- i. White flour, hard shells, and wraps are **not allowed**.

Policy: Juice

- I. Juice refers to any of the allowed juices listed on the Utah WIC Program Authorized Food List.
 - a. Juice refers to 12 ounce frozen juice concentrate or 64 ounce container, single-flavor.
 - b. Juice may also refer to calcium-fortified juice, cranberry juice, or 5.5-6 oz shelf stable juice and may be issued with a special food letter for participants with special nutritional needs (or lack of refrigeration).
 - c. The juice must be 100% juice and contain at least 30 mg of vitamin C per 100 ml of reconstituted juice.
 - d. Juices with added sugar or sweeteners are not allowed.
 - e. Refrigerated juices (except orange juice), cocktails, nectars, freshly squeezed, or any other fruit drink combinations are **not allowed**.
 - f. Tomato or vegetable juice in a 46-oz container may be issued to clients with medical conditions such as gestational diabetes and IDDM. Medical documentation (Formula and Food Authorization Form) indicating the need for such a package is required before the package may be issued. 46-oz juice does not offer the maximum amount of juice for women in any food package category and so the client must be notified of this before the package may be issued. The Standard Special Food Letter must be issued with the checks.

Policy: Cow's Milk and Milk Alternatives

- I. Cow's milk and milk alternatives must conform to FDA standards of identity for whole, reduced fat, low fat or non-fat milks.
 - a. If Vitamin A and Vitamin D are added, then these shall be present in each quart of product at no less than 2,000 IU and 400 IU, respectively.
 - b. Raw or unpasteurized are not allowed
 - c. Only milk products with no more than 2% milk fat are authorized for children at 2 years of age or older and women in Food Packages IV – VII

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- d. Whole milk products require medical documentation for children at 2 years of age or older and women. In this situation, whole milk can only be issued in Food Package III and if the participant is also receiving a medical formula.
- II. Cow's milk is the allowed milk listed on the Utah WIC Program Authorized Food List. All milk authorized by the Utah WIC Program must meet the FDA's standards of identity for milk.
 - a. Milk refers to the store brands/private labels of the following types of milks:
 - i. Reduced fat (1%, 2%, skim).
 - ii. Whole.
 - iii. Milk alternatives
 - b. Flavored, Skim Royale/Delight are not allowed.
 - c. It must be the store brand/private label.
 - d. Milk is **not approved** for infants.
- III. **Other allowable milks:**
 - a. Whole cow's milk can only be issued in combination with another medical formula/food and requires the Formula and Food Authorization Form for issuance to participants ≥ 2 years of age. Milk alternatives require the Formula and Food Authorization Form for issuance.
 - b. Other allowable milks or milk alternatives include:
 - i. Lactose-free milk
 - ii. Acidophilus cow's milk
 - iii. UHT milk
 - iv. Evaporated milk
 - v. Non fat dry (powdered) milk
 - vi. Meyenberg Goat's milk
 - vii. Buttermilk
 - viii. Soy based beverage
 - c. Rice milks and other non-dairy substitutes are not allowed.
- IV. **Lactose-free milk**
 - a. Lactose-free milk may be authorized for:
 - i. women, and children over one year of age

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- ii. only when its need has been determined with a medical diagnosis (can be self-reported)
- iii. When it is documented in the participant's chart that there is a specific indication for use such as milk intolerance, chronic antibiotic therapy, etc.
- b. Lactose-free milks are available in formulations of 50%, 70%, and 100% lactose reduction.
- c. Lactose-free milks are available in reduced fat (1%, 2%, skim) and whole concentrations in quarts and half-gallons.

V. **Acidophilus cow's milk**

- a. Acidophilus cow's milk is fermented milk that contains less lactose than unfermented milk.
- b. It is indicated for children over the age of 2 and adults:
 - i. Who may have lactose intolerance, but are not allergic to cow's milk protein.
 - ii. Who are on continuous antibiotic therapy.
- c. The CPA must document the specific indication for use in the participant's file.
- d. It must be the store brand/private label.

VI. **UHT milk**

- a. UHT milk refers to 2% or non-fat shelf milk that requires no refrigeration.
- b. It is authorized only when it has been determined and documented that there is:
 - i. a scarcity of refrigerated milk,
 - ii. poor refrigeration facilities in the home, or
 - iii. milk contamination emergency.
- c. It must be the store brand/private label.

VII. **Evaporated milk**

- a. Evaporated milk—reduced fat or whole—is a canned cow's milk product that has been concentrated by removing half of the water.
- b. It must be the store brand/private label.

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- c. It is **not approved** for infants.
- d. It is approved for children and adults.

VIII. **Non fat dry (powdered) milk**

- a. Non fat dry milk can be substituted at the rate of 1 pound per 5 quarts of whole, fluid milk.
- b. It must be the store brand/private label

IX. **Meyenberg Goat's Milk**

- a. Meyenberg Goat's Milk refers to a form of goat's milk that has been fortified with folic acid and vitamin D to 25% of the RDA.
- b. It is approved for children and adults.
- c. It is **not approved** for infants.
- d. Its use requires:
 - i. A physician's diagnosis of cow's milk intolerance (can be self-reported).
 - ii. CPA authorization.
- e. This must be documented in the participant's file.

X. **Buttermilk**

- a. Buttermilk is available as whole or reduced fat.
- b. It must be the store brand/private label.

XI. **Soy based beverage**

- a. Soy based beverage may be authorized for:
 - i. Children over one year of age.
 - ii. Only when its need has been determined with a medical diagnosis and a Formula and Food Authorization Form signed by a state licensed prescriptive authority.
 - iii. Participant needs to receive a Standard Special Food Letter.
 - iv. The authorized brands of soy based beverage include:
 - 1. 8th Continent Original (red label)
 - 2. 8th Continent Vanilla (yellow label, no fat-free or light)

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3. Great Value Original Soymilk (red label, no organic)
4. Pacific Natural Foods Ultra Soy Plain
5. Pacific Natural Foods Ultra Soy Vanilla

- b. Soy based beverage is not allowed for women.

Policy: Cheese

- I. Cheese refers to any of the allowed cheeses listed on the Utah WIC Program Authorized Food List.
 - a. Types of cheese allowed are medium, mild, or sharp cheddar, mozzarella, Monterey Jack, Colby, Colby-Jack, Longhorn, and Longhorn-Colby.
 - b. It must be domestic, bulk, and pasteurized only.
 - c. It must be the store brand/private label.
 - d. Deli, sliced, specialty, cheese food/spread/product, shredded, string or reduced fat **are not allowed**.
 - e. If more than one package is purchased, total weight cannot be more than weight printed on the check.
 - f. Up to one pound of cheese may be substituted for milk for a participant when the CPA documents (*i.e.—food package tailoring*) that this is indicated for nutritional reasons. Up to one pound of cheese may be substituted for milk without the Formula and Food Authorization Form at an amount of 3 quarts of milk per one pound of cheese.
 - g. Additional cheese above the one pound may be substituted up to the full amount of milk with medical documentation (Utah Formula and Food Authorization).

Policy: Peanut butter

- I. Peanut butter refers to unflavored, creamy, crunchy, or extra-crunchy in 18-ounce containers only.
 - a. Reduced fat, honey or jelly additives, peanut spreads or organic products **are not allowed**.
 - b. It must be the store brand/private label.

Policy: Beans, Peas, and Lentils

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- I. Beans, peas, and lentils refers to any dry beans, peas, or lentils in dry-packaged or canned forms allowed on the Utah WIC Program Authorized Food List.
 - a. It includes lentils, navy, kidney, white, black, red, pinto, Great Northern, baby lima, split peas, black-eye peas, or garbanzo beans.
 - b. Flavored, bean soup mix, large lima, mayocoba, mixed beans, refried beans, chili, baked beans, beans with meat, canned green peas, snap beans, green beans, and wax beans are **not allowed**.

Policy: Fruits and Vegetables

- I. Fruits and vegetables refer to any fresh fruits and vegetables, including organic, available for purchase through cash-value vouchers.
- II. This group refers to any variety of fresh whole, pre-cut, or packaged fruits and vegetables without added sugars, fats, or oil.
 - a. Frozen, canned, dried, packages with dips or dressings, salad bars, party trays, herbs and spices, salsa with sugar, and white potatoes (i.e., white, russet, Yukon gold, new, red, blue, purple) are **not allowed**.
 - b. The following herbs, spices and miscellaneous items are **not allowed**: anise, dill, parsley, basil, fenugreek, rosemary, bay leaves, horseradish, sage, caraway, lemon, grass, savory, chervil, marjoram, tarragon, chives, mint, thyme, cilantro, oregano, vanilla bean, decorative pumpkins.
 - c. Ginger root, taro root, garlic, and coconuts are allowed.
 - d. Yams and sweet potatoes are allowed.
 - e. Mushrooms are scientifically classified as fungi and not fruits or vegetables, however, they are allowable for purchase with the USDA fruit and vegetable cash value voucher.
- III. Cash Value Vouchers
 - a. Cash value vouchers are issued in the following forms:
 - i. \$6.00 in cash value vouchers for children ages 1 through 4.
 - ii. \$10.00 in cash value vouchers for pregnant and partially breastfeeding women (up to 1 year postpartum) and postpartum women (up to 6 months postpartum).

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- iii. \$10.00 in cash value vouchers for fully breastfeeding women (up to 1 year postpartum).
 - iv. \$15.00 in cash value vouchers for women participants who are fully breastfeeding multiple infants.
- b. The difference cannot be paid if the total for fruit and vegetable purchases is greater than the maximum amount of the cash value voucher.

Policy: Fish

- I. Fish refers to 5-ounce canned only forms of chunk light tuna or salmon allowed on the Utah WIC Program Authorized Food List.
 - a. May be packed in water or oil and include bones or skin.
 - b. Solid white or chunk white Albacore tuna; Atlantic, red, blueback, or sockeye salmon; low sodium; gourmet; flavored/seasoned; and pouches are **not allowed**.
- II. Only fully breastfeeding women may receive canned fish.

Policy: Baby Food

- I. Baby food refers to any single or mixed baby food fruits and/or single or mixed vegetables, or meats allowed on the Utah WIC Program Authorized Food List.
 - a. Baby food fruits or vegetables refer to any single or mixed variety of commercial infant food fruit or vegetable without added sugars, starches, or salt.
 - b. Baby food meat refers to any single variety of commercial infant food meat or poultry, as a single major ingredient, with added broth or gravy and without added sugars or salts.
 - i. Only fully-breastfed infants may receive baby food meats.
- II. Textures for all infant foods may range from pureed through diced.
- III. Vegetables and fruits mixed together, medleys, added DHA or cereals, custards, cobblers, and desserts are **not allowed**.

H.3. Definitions of Special Foods

Policy: Thickened juices

- I. Thickened juices are formulated specifically for the management of swallowing disorders (i.e.-dysphagia). Thickened juices allow safer swallowing of liquids by minimizing the risk of choking and aspiration. They assist in preventing dehydration.
- II. Thickened juices meet 100% of the Daily Value for vitamin C in 4 fluid ounce servings. Thickened cranberry juice is not approved as it is not 100% juice.
- III. Thickened juice should be used only under medical supervision.
 - a. The Formula and Food Authorization form is required for use and issuance, and must be authorized by an RD.
 - b. Must be ordered through the State Office. Consult the "Product Guide" for in-depth detail regarding ordering and issuance.
- IV. Thickening agents, such as Thick-It are not approved by USDA.

Policy: Calcium fortified juice

- I. Calcium fortified juice
 - a. Is **NOT** routinely issued.
 - b. Is **NOT** allowed for infants.
 - c. Must be authorized by a CPA.
 - d. Must have indication for use documented in the participant's chart. Participant needs to receive a *Standard Special Food Letter*.

Policy: Reduced fat cheese

- I. Reduced fat cheese:
 - a. Is **NOT** routinely issued.
 - b. May be issued for nutritional reasons.
 - c. Must have indication for use documented in the participant's chart.

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Participant must receive a *Rare Exception Special Food Letter*.

Policy: Other items

- I. Other items are **items that can be allowed with a special food letter but are not on the authorized food list**
 - a. Are **NOT** routinely issued.
 - b. Must meet the nutritional requirements to be WIC eligible.
 - c. May be issued for medical/nutritional reasons if the item is not on the food card but does meet the WIC specifications.
 - d. Must have indication for use documented in the participant's chart.
 - e. A completed *Rare Exception Special Food Letter* must be faxed to and approved by the State prior to issuing.

H.4. Products Not Authorized for WIC

Policy

The following section outlines products not allowed on the WIC Program.

Procedure

- I. Products used solely for the purpose of weight management in women, infants or children are not allowed.
- II. A high-calorie product *may be appropriate* for a participant who is debilitated due to special needs, disease, frequent illness, or medical therapy.
 - a. Refer to the “Product Guide” for further detail and instruction regarding use.
- III. Low-iron formula (except with rare medical conditions and approved by State RD)
- IV. Oral electrolyte solutions
- V. Formulas while under hospital care
- VI. Parenteral nutritional products
- VII. Foods with artificial sweeteners
- VIII. Raw or non-pasteurized milk
- IX. Dairy products such as yogurt, half & half, flavored milk and drinks, sweetened condensed milk, organic milk, eggnog, any other specialty milk beverages that have been highly fortified, engineered, or processed.
- X. Rice milk or other non-dairy substitutes.
- XI. Milk for infants—cow’s milk and goat’s milk **are not allowed** for infants less than 1 year.
- XII. Cheese—Deli, sliced, specialty, cheese food/spread/product, shredded, string or reduced fat.
- XIII. Hard-boiled, deli, low in fat or cholesterol, or any other “specialty” eggs.

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- XIV. Fruit drinks or cocktails, freshly squeezed, or any other “specialty” fruit drink combinations.
- XV. Reduced fat, honey or jelly additives, peanut spreads or organic products, or any other “specialty” peanut butters.
- XVI. Bean soup mixes.
- XVII. Solid white or chunk white Albacore, low-sodium, canola or gourmet tunas.
- XVIII. Canned or frozen or dried fruits and vegetables.
- XIX. White bread, white flour tortillas or white rice.

H.5. WIC Food Package

Policy

All WIC food items issued to participants are organized in food packages specific to the WIC category and individual participant nutritional risk(s) and needs. The Utah WIC Program utilizes computerized food instruments that are generated and issued at the clinic site. A food instrument is a food voucher or a check that is issued to a WIC participant by the local clinic to purchase the WIC supplemental foods prescribed for that participant.

The Utah WIC Food Packages are based on the Federal WIC Regulations which stipulate seven categories of food packages as listed below.

Food Packages I, II and III (for infants)

Fully Formula Fed (FF)

Partially Breastfed (BF/FF)

Fully Breastfed (BF)

Food Packages III, IV, V, VI and VII

Children – IV

Pregnant and Partially Breastfeeding (up to 1 year postpartum)– V

Postpartum (up to 6 months) – VI

Fully Breastfeeding - VII

The participant is “*prescribed*” a food package(s) at the time of certification. The food package codes are entered into the computer so the participant can have the appropriate food items printed on their checks.

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In this subsection

This subsection contains the following topics.

Topic	See Page
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TABLE 1 Maximum Monthly Allowances of Supplemental Foods For Infants In Food Packages I, II and III

Foods ¹	Fully Formula fed (FF)		Partially Breastfed (BF/FF)		Fully Breastfed (BF)	
	Food Packages I-FF & III-FF A: 0 through 3 months B: 4 through 5 months	Food Packages II-FF & III-FF 6 through 11 months	Food Packages I-BF/FF & III BF/FF A: 0 to 1 month ² B: 1 through 3 months ² C: 4 through 5 months	Food Packages II- BF/FF & III BF/FF 6 through 11 months	Food Package I-BF 0 through 5 months	Food Package II-BF 6 through 11 months
WIC Formula ^{4,5,6,7}	A: 806 fl oz reconstituted liquid concentrate or 832 fl. oz. RTF or 870 fl oz reconstituted powder B: 884 fl oz reconstituted liquid concentrate or 896 fl. oz. RTF or 960 fl oz reconstituted powder	624 fl. oz. reconstituted liquid concentrate or 640 fl. oz. RTF or 696 fl oz reconstituted powder	A: 104 fl oz reconstituted powder ³ B: 364 fl oz reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder C: 442 fl. oz. reconstituted liquid concentrate or 448 fl. oz. RTF or 522 fl oz reconstituted powder	312 fl. oz. reconstituted liquid concentrate or 320 fl. oz. RTF or 384 fl oz reconstituted powder		
Infant cereal ⁸		24 oz		24 oz		24 oz
Infant food fruits and vegetables ^{8,9,10}		128 oz		128 oz		256 oz
Infant food meat ^{8,10}						77.5 oz

Note: Low iron formula is not allowed in Food Package I and II, however, it can be allowed in Food Package III.

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TABLE 2 Maximum Monthly Allowances of Supplemental Foods for Children and Women in Food Packages IV, V, VI and VII

Foods ¹	Children	Women		
	Food Package IV ¹ through 4 years	Food Package V: Pregnant and Partially Breastfeeding (up to 1 year postpartum) ²	Food Package VI: Postpartum (up to 6 months postpartum) ³	Food Package VII: Fully Breastfeeding (up to 1 year post- partum) ^{4, 5}
Juice, single strength ⁶	128 fl oz	144 fl oz	96 fl oz	144 fl oz
Milk, fluid	16 qt ^{7, 8, 9, 10}	22 qt ^{7, 8, 11, 12}	16 qt ^{7, 8, 11, 12}	24 qt ^{7, 8, 11, 12}
Breakfast cereal ¹³	36 oz	36 oz	36 oz	36 oz
Cheese	N/A	N/A	N/A	1 lb
Eggs	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables ^{14, 15}	\$6.00 in cash value vouchers	\$10.00 in cash value vouchers	\$10.00 in cash value vouchers	\$10.00 in cash value vouchers
Whole wheat bread or other whole grains ¹⁶	2 lb	1 lb	N/A	1 lb
Fish (canned)	N/A	N/A	N/A	30 oz
Legumes, dry ¹⁷	1 lb	1 lb	1 lb	1 lb
<i>and/or</i>	<i>Or</i>	<i>And</i>	<i>Or</i>	<i>And</i>
Peanut butter	18 oz	18 oz	18 oz	18 oz

¹⁷ Canned legumes may be substituted for dried legumes at the rate of 64 oz. of canned beans for 1 lb. dried beans.

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TABLE 3 Maximum Monthly Allowances of Supplemental Foods for Children and Women in Food Package III				
Foods ¹	Children	Women		
	1 through 4 years	Pregnant and Partially Breast-feeding (up to 1 year postpartum) ²	Postpartum (up to 6 months postpartum) ³	Fully Breastfeeding, (up to 1 year postpartum) ^{4,5}
Juice, single strength ⁶	128 fl oz	144 fl oz	96 fl oz	144 fl oz
WIC Formula ^{7,8}	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate
Milk	16 qt ^{9,10,11,12}	22 qt ^{9,10,13,14}	16 qt ^{9,10,13,14}	24 qt ^{9,10,13,14}
Breakfast cereal ^{15,16}	36 oz	36 oz	36 oz	36 oz
Cheese	N/A	N/A	N/A	1 lb
Eggs	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables ^{17,18}	\$6.00 in cash value vouchers	\$10.00 in cash value vouchers	\$10.00 in cash value vouchers	\$10.00 in cash value vouchers
Whole wheat bread ¹⁹	2 lb	1 lb	N/A	1 lb
Fish (canned)	N/A	N/A	N/A	30 oz
Legumes, dry ²⁰	1 lb	1 lb	1 lb	1 lb
<i>and/or</i>	<i>Or</i>	<i>And</i>	<i>Or</i>	<i>And</i>
Peanut butter	18 oz	18 oz	18 oz	18 oz

²⁰ Canned legumes may be substituted for dried legumes at the rate of 64 oz. of canned beans for 1 lb. dried beans.

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Policy: Issuance Criteria

Powdered formula is the standard form of formula to be issued to WIC participants. Documentation is required when using ready-to-feed and concentrate forms of formula.

The following are guidelines for CPA's to follow but there is no logic in the WICNU computer programming to perform these functions.

Procedure

I. 4-5 months formula

The CPA considers the time of month the child was born to determine when to begin issuance of the 4-5 month old checks.

- a. If an infant's birthday is between days 1 and 15 of the month, then begin issuance of 4-5 month old checks in the month the infant turns 4 months old. (Example: An infant turns 4 months old on June 10. Begin issuance of 4-5 month old checks in June.)
- b. If an infant's birthday is between day 16 and the end of the month, then begin issuance of 4-5 month old checks in the month after the infant turns 4 months old. (Example: An infant turns 4 months old on June 25. Begin issuance of 4-5 month old checks in July.)

II. 6-11 months formula and food:

The CPA considers the time of month the child was born and the health needs of the child to determine when to begin issuance of the 6-11 month old checks.

- a. If an infant's birthday is between days 1 and 15 of the month, then begin issuance of 6-11 month old checks in the month the infant turns 6 months old. (Example: An infant turns 6 months on June 5. Begin issuance of 6-11 month old checks in June.)
- b. If an infant's birthday is between day 16 and the end of the month, then begin issuance of 6-11 month old checks in the month after the infant turns 6 months old. (Example: An infant turns 6 months old on June 20. Begin issuance of 6-11 month old checks in July.)
- c. The above guidelines may be modified in the month that a child turns 6 months old if the CPA determines that the modification best meets the health needs of the child. For example, if a premature infant turns 6 months on June 5, then the CPA may begin issuance of the 6 month checks in July rather than in June.

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- d. At 11 months of age when an infant is coming in early for a child certification, the system will allow either an “I” or a “C” food package. After 12 months of age and every month thereafter, the applicable packages to be assigned are “C” or “T” with a medical prescription.

III. Child food packages for 24 months through 4 years

When a child is turning 2 years old the computer system will determine based on issuance date and birth date what food package to give them for the month they turn 2 years old. The computer system works on 30 day calendar month. It will add 30 days to the issued day to determine if the child turns 2 in the next 30 days. This will determine what type of milk they will receive that month. If they have already turned 2 years old they get reduced fat (2%, 1%, and skim) milk if they haven't turned 2 yet then they will receive whole milk.

For example if the participant has already been certified on the program and they come in on February 1st to receive February, March and April checks and the participant's birthday is March 3rd. They would get whole milk for February and March and reduced fat (2%, 1%, and skim) milk for April. The age of the participant is the check date plus 30 days. In this case on March 1st, 30 days later the participant would still be a 1 year old.

If the participant came in on February 11th and their birthday was March 3rd then they would receive whole fat milk for February and reduced fat (2%, 1%, and skim) milk for March and April. The reason being February 11th plus 30 days is March 11th so the participant on March 11th would be 2 years old.

Procedure

- I. Issuance criteria for concentrated formula (see III on page 30)
 - a. The CPA must determine there is a need for the concentrated formula; or
 - b. The product is only available in concentrate form
- II. Issuance criteria for ready-to-feed formula (see III on page 30)
 - a. The CPA must determine an unsanitary or restricted water supply
 - b. The CPA must determine there is poor refrigeration
 - c. There is a caretaker who has difficulty correctly diluting concentrated or powdered formula

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- d. The product is only available in RTF form
- e. A prescription states RTF is necessary or intolerance to formula other than RTF is diagnosed by the medical provider as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's order.

III. Issuance criteria for premature infants up to one year of age

- a. For all premature infants up to one year of age, the default formula issued shall be a sterile liquid if produced by the manufacturer. If the supervising health care provider specifically prescribes powder, the WIC Clinic may provide powder. If the supervising health care provider has not prescribed a sterile liquid and the parent/endorser requests powder, then powder may be provided after obtaining signed parental agreement. If the supervising health care provider has prescribed a sterile liquid, then powder may not be provided when requested by the parent/endorser without documented approval from the health care provider.
 - i. prematurity is defined as ≤ 37 weeks gestation
 - ii. sterile liquid is either concentrate or RTF
- b. Concentrate should be the first choice liquid to issue

IV. Issuance criteria for 1 can of powder formula from birth to 1 month of age

- a. In the first month of life, it is recommended that partially breastfed infants not receive 1 can of powder infant formula, or the sterile liquid equivalent. Not providing formula in the first 4 – 6 weeks will ensure that breast milk production is established.
- b. After a thorough and documented breastfeeding assessment, if one can of formula is determined to be necessary, then one can may be issued. The harms of formula, especially the interference of breast milk production needs to be explained to the participant.

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Policy: Formula Changes

Procedure

IF...	THEN...
A healthy, full-term infant demonstrates symptoms of intolerance to the primary contract formula.	Refer to the primary care provider. The participant must obtain a complete prescription if a non-contract formula is warranted.
A healthy, full term infant received a prescription for a non-contract formula because of symptoms of intolerance and the prescription has expired .	Issue the primary contract formula. If a non-contract formula is still needed, refer the participant to the primary care provider for a complete prescription.
An infant/child is <u>high risk</u> and has been on a special formula (such as a premature, metabolic or hydrolysate formula) or any non-contract formula and the parent/caretaker states the MD gave permission to transition to a primary contract formula and the current prescription for the non-contract formula has not expired .	Refer to the primary care provider. Explain to the participant that the prescription must be honored for the specified time frame. The participant must contact the primary care provider and obtain written approval for the primary contract formula before it is issued.
An infant/child is <u>high risk</u> and has been on a special formula (such as premature, metabolic or hydrolysate formula) and the parent/caretaker states the MD gave permission to transition to a primary contract formula and the current prescription for the non-contract formula has expired .	The CPA or RD must document in the computer that the parent/caretaker states the MD gave permission to transition to a primary contract formula. Issue primary contract formula.
An infant/child is <u>not high risk</u> and the parent/caretaker states the MD gave permission to transition to a primary contract formula and the current prescription for the non-contract has not expired .	The CPA or RD must document in the computer that the parent/caretaker states the MD gave permission to transition to a primary contract formula. Issue primary contract formula.
An infant/child is <u>not high risk</u> and the parent/caretaker states	Issue primary contract formula

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the MD gave permission to transition to a primary contract formula and the current prescription for the non-contract formula has expired.	
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Policy: Religious eating pattern exception

Local agencies may issue a non-contract formula that meets the definition of infant formula without medical documentation in order to meet religious eating patterns. However, if the non-contract brand infant formula does not meet the definition of infant formula, medical documentation must be provided. Documentation of the basis of the substitution must be kept in the participant's file.

Policy: Formula Prescription and Documentation Requirements

The table beginning on the following page indicates additional prescription documentation (Utah Formula and Food Authorization).

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Formula Issuance

Primary Contract Brand Infant Formulas	Prescription/ Documentation (Formula and Food Authorization)	Issuance Procedure
Similac Advance Early Shield (Standard infant formula)	<p>No prescription needed for infants</p> <p>Food Pkg III:</p> <p>Prescription and care plan required for children > 1 year</p> <p>Prescription valid for a maximum of 6 months</p>	<p><u>Procedure:</u></p> <p>All infants currently on a non-contract, milk-based formula must first try Similac Advance if there is no prescription for a non-contract formula and no indication of formula intolerance to Similac Advance.</p> <p>Contact primary care provider to determine the length of time Similac Advance is medically required after 1 year of age. Discuss other formula options and obtain a prescription if necessary.</p> <p><u>Indications for use:</u></p> <p>If an infant on primary contract formula shows symptoms of intolerance resulting from improper preparation, safety, sanitation or feeding practices, provide appropriate counseling and referral. Keep on Similac Advance if not at medical/nutritional risk and follow-up.</p>

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Primary Contract Brand Infant Formulas	Prescription/ Documentation (Formula and Food Authorization)	Issuance Procedure
Similac Soy Isomil	<p>No prescription needed for infants</p> <p>Food Pkg III: Prescription and care plan required for children > 1 year</p> <p>Prescription valid for a maximum of 6 months</p>	<p><u>Indications for use:</u></p> <ul style="list-style-type: none">-For vegetarian families where animal protein formula is not desired-For management of cow's milk allergy, galactosemia, primary lactase deficiency, or recovery phase of secondary lactose intolerance-Where sensitivity to lactose may be suspected due to GI symptoms including: moderate to severe spitting up, diarrhea, abdominal cramping, bloating, excessive gas and/or fussiness-For a potentially allergic infant who has not yet shown manifestations of allergy (infants with family history of atopy)-These infants should be closely watched for allergy to soy proteins and/or corn-Not recommended for dietary management of documented clinical allergic reactions to soy protein formula-Contact primary care provider to determine the length of time Isomil Advance is medically required after 1 year of age. Discuss other formula options and obtain a prescription if medically warranted.

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Primary Contract Brand Infant Formulas	Prescription/ Documentation (Formula and Food Authorization)	Issuance Procedure
Similac Sensitive	<p>No prescription needed for infants</p> <p>Food Pkg III: Prescription and care plan required for children > 1 year</p> <p>Prescription valid for a maximum of 6 months</p>	<p><u>Indications for use:</u></p> <ul style="list-style-type: none">-For primary lactase deficiency or for the recovery phase of a secondary lactose intolerance.-For GI symptoms of lactase deficiency including: moderate to severe spitting up, diarrhea, abdominal cramping, bloating, excessive gas and/or fussiness-Demonstrated improved tolerance over standard milk-based formula.-Not recommended for the dietary management of documented clinical allergic reaction to cow's milk protein or galactosemia.-Contact primary care provider to determine the length of time Similac Sensitive is medically required after 1 year of age. Discuss other formula options and obtain a prescription if necessary.

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Primary Contract Brand Infant Formulas	Prescription/ Documentation (Formula and Food Authorization)	Issuance Procedure
Similac Sensitive for Spit Up	<p>No prescription needed for infants</p> <p>Food Pkg III: Prescription and care plan required for children > 1 year</p> <p>Prescription valid for a maximum of 6 months.</p>	<p><u>Indications for use:</u></p> <ul style="list-style-type: none"> -This product is categorized as a routine infant formula. -Contains rice starch as one of the carbohydrate sources -May be beneficial for infants who are spitting up frequently
Similac Go & Grow - Milk Based	<p>No prescription required for 9 month old up to 12 months. Prescription required if medically necessary at 12 months and older.</p>	<p><u>Indications for use:</u></p> <ul style="list-style-type: none"> - This product is for an older baby (9 months) and toddler (up to 24 months) having a hard time in the transition phase to table foods. - The following must be documented prior to issuance for the 9 month old up to 12 months: <ol style="list-style-type: none"> 1. infant refusing most or all of table foods 2. no weight gain or weight loss
Similac Go & Grow - Soy Based	<p>Same as for milk based</p>	<p>Same as for milk based with the indication of a soy protein</p>

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Non-Contract Brand Infant Formulas	Prescription/ Documentation (Formula and Food Authorization)	Issuance Procedure
Standard Infant Formulas Milk-Based: Enfamil Premium Good Start Gentle Store Brands Soy-Based: Enfamil ProSobee Good Start Soy Store Brands	Prescription required CPA or RD to initial and date prescription upon receipt acknowledging diagnosis & formula/product prescribed. A care plan must be completed for high risk clients, with at least an assessment and plan. An RD is responsible to review and approve all documentation in high risk cases. Prescription is valid for maximum of 6 months. *Note: Non-contract formulas will be allowed when medically indicated with a prescription. Each participant receiving non-contract formula must be closely monitored.	<u>Procedure:</u> -Provide participant with appropriate counseling (identify the non-contract item) to the participant for use with store purchase -RD to consult with primary care provider to address the length of time non-contract formula is medically required -Discuss other formula options with the primary care provider and obtain a prescription for non-contract formula, as medically warranted <u>Indications for use:</u> -Terminology of Medical diagnoses with ICD-10 codes (ICD- 10 code numbers do not have to be written on the prescription).

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Exempt Infant Formulas	Prescription/ Documentation (Formula and Food Authorization)	Issuance Procedure
<p>Hydrolysates</p> <p>Nutramigen</p> <p>Pregestimil</p> <p>Alimentum</p> <p><i>(See the “Product Guide” for more information)</i></p>	<p>Prescription required</p> <p>CPA or RD to initial and date prescription upon receipt acknowledging diagnosis & formula/product prescribed</p> <p>A care plan must be completed, with at least an assessment and plan. An RD is responsible to review and approve all documentation in high risk cases.</p> <p>Prescription is valid for maximum of 6 months</p>	<p><u>Procedure:</u></p> <ul style="list-style-type: none"> -Provide participant with counseling -RD to consult with primary care provider to address the length of time non-contract formula is medically required -Discuss other formula options with the primary care provider and obtain a prescription for non-contract formula, as medically warranted <p><u>Indications for use:</u></p> <ul style="list-style-type: none"> -When a hypoallergenic formula is indicated (e.g. multiple allergies, sensitivity to intact milk protein, or to soy protein) -With persistent diarrhea, GI disturbances, etc.

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Exempt Infant Formulas	Prescription/ Documentation (Formula and Food Authorization)	Issuance Procedure
	<p>Prescription required</p> <p>CPA or RD to initial and date prescription upon receipt acknowledging diagnosis and formula/product prescribed.</p> <p>A Care plan must be completed. RD is responsible to review and approve all documentation.</p> <p>Prescription valid for a maximum of 6 months <u>Exception:</u> All Enfamil Premature Formula (EPF), Similac Special Care 30 Kcal and Human Milk Fortifier must be prescribed and issued monthly. Other premature formulas can be issued for one, two or three months. (i.e. Enfacare, NeoSure).</p>	<p>Procedure:</p> <ul style="list-style-type: none"> -issue food instruments for the special formula/product if there is a food package available (if it is available at the grocery store) <p>OR</p> <ul style="list-style-type: none"> -For all other products, call, email or fax in your order to the State WIC office (see this section for instructions). Local clinics cannot contact the pharmacy directly to place an order or request additional formula. <p>Submit to state RD :</p> <ul style="list-style-type: none"> *participant name and id number *name and amount of product ordered *issuance period for which this product is issued *if the client is on Medicaid or tube fed (refer to H.6) <p>Note: Calling in to the main line is the recommended method for ordering non-vouchered products, as the secretaries can direct your call to an available RD. If you choose to use email or fax, your order may not be completed in a timely manner. Please always verify with a state RD that your order has been received.</p> <p>Document:</p> <ul style="list-style-type: none"> *all of the information listed above *when product was ordered and when it is expected in the clinic *when participant is expected to pick up the product *participant must sign for product <p>Indications for use:</p> <p>Issuance is acceptable for medical conditions including: failure to thrive, organic heart disease, severe GI disorders, malabsorption syndromes, metabolic disorders, inborn errors of metabolism, and/or medical conditions resulting from prematurity, etc.</p> <p>Note: Metabolic clinic patients are followed by RD at University of Utah. However, this RD is not a licensed, prescriptive authority and cannot prescribe special formulas.</p>

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Non-Contract Formula	Prescription/ Documentation (Formula and Food Authorization)	Issuance Procedure
Low-Iron Formulas	<p>Approved with a prescription for specific, approved diagnosis (hemolytic anemia) (see this section for definition)</p> <p>Care plan, including at least an assessment and plan, must be completed. RD is responsible to review and approve all documentation. (See Section I)</p> <p>CPA/RD to initial prescription upon receipt acknowledging diagnosis and formula/product prescribed</p> <p>Monthly issuance only</p>	<p><u>Procedure:</u></p> <ul style="list-style-type: none"> -Approval from the State WIC RD is required prior to issuing any low-iron formula to a participant -Document: <ul style="list-style-type: none"> *diagnosis (reason for low iron formula) *name of state RD issuing approval and date received approval *food package issued -A letter describing the Utah WIC Program policy on low iron formulas is available for local agencies to reproduce and distribute to any physicians in local areas who request low-iron formula for WIC participants using reasons that are not WIC approved -RD to consult with primary care provider to address the length of time low-iron formula is medically required, as well as any formula transition issues -Provide instructions to participants as needed. <p><u>Indications for use:</u></p> <p>Low-iron formula will be authorized <i>on an individual basis</i> by the State WIC office for participants with specific approved diagnosis</p> <p><i>The number of participants requiring low-iron formula is expected to be minimal</i></p>

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Policy: Exceptions for use of low iron formula

USDA recognizes that a small number of infants have medical conditions which necessitate restricting iron intake. These rare conditions include: Hemolytic anemia. Hemolytic anemia is associated with shortened red blood cell survival. Hemolytic anemia of the premature infant is usually resolved by the time the infant is discharged from the hospital. Use of low iron formulas is not a prescribed method of treatment for most infants/conditions. It is not authorized for diagnosis of vomiting, constipation and diarrhea of the healthy infant.

Procedure

- I. Classifications of hemolytic anemia include:
 - a. Congenital hemolytic anemia
 - b. Membrane defects - spherocytosis, stomatocytosis, pyropoikilocytosis, alliptocytosis
 - c. Hemoglobinopathies - sickle cell anemia, sickle syndromes, thalassemias, unstable hemoglobins
 - d. Enzyme defects
 - e. Acquired Hemolytic Anemias:
 - i. Autoimmune process
 - ii. Infections
 - iii. Toxins and drugs
 - iv. Thermal injury
 - v. Disseminated intravascular coagulation
 - vi. Hemolytic anemia syndrome
 - vii. Transfusion reactions

Policy: Utah Formula and Food Authorization

Procedure

- I. Medical order or prescriptive requirements (To be filled out on the State Formula & Food Authorization Form)
 - a. Name of client/Date of Birth
 - b. The brand name of the formula prescribed.

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- c. Medical diagnosis warranting the issuance of formula.
 - d. Form of formula: Powder, Concentrate, Ready to Feed
 - e. Specific amount of formula prescribed (ie. 3 cans per day) a range is not appropriate.
 - f. Length of time the prescribed formula is medically required (1- 6 months).
 - g. Signature and name of the requesting state licensed prescriptive authority (physician-MD, nurse practitioner-NP, physician assistant-PA, certified nurse midwife-CNM, licensed direct entry midwife-LDEM, doctor of Osteopath-DO).
 - h. Address of State Licensed Prescriptive Authority & Phone Number.
 - i. Date. Cannot be older than 60 days from the date written when brought into the WIC clinic. A prescription older than 60 days from the date the prescriptive authority has written it when brought into the WIC clinic is invalid. It is necessary to have the specific length of time the prescribed formula is medically required documented on the prescription. A valid prescription may be written for 1 month, 2 months, 3 months, etc. up to 6 months, but no longer than 6 months.
 - j. If a written medical order (Utah Formula and Food Authorization) is provided for a high risk infant (FTT, prematurity and/or low birth weight) by the physician or prescriptive authority for the issuance of an electric breast pump, that order must be honored within two working days. Clinics need to have sufficient electric breast pumps to serve their population, especially high risk participants.
 - k. Formula and Food Authorization Form may be provided as an original written document or facsimile.
 - l. Formula and Food Authorization Forms must be completed according to the specifications of the current form.
- II. Formula and Food Authorization Form not available at the clinic visit.
- a. CPA may receive the information prior to issuance by telephoning the prescriptive authority's office.
 - i. Document all information obtained from the doctor's staff who reads directly from the medical chart the notes that have been written by the prescriptive authority regarding the participant's nutritional

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status/intake. The information does not need to be taken verbally from the prescriptive authority.

- ii. Written confirmation of the Formula and Food Authorization Form signed by the licensed prescriptive authority must be obtained within two weeks.
- iii. Written documentation must be kept on file with initial telephone conversation documentation.
- iv. Medical documentation over the telephone must only be used when absolutely necessary, on an individual basis, to prevent undue hardship to a participant or to prevent a delay in the provision of formula which would place the participant at increased nutritional risk.

III. Additional prescription requirements

- a. If the Formula and Food Authorization Form is missing a required element, that doesn't have a default, such as name of formula/product or diagnosis, the CPA may obtain a complete prescription via fax.
- b. If the Formula and Food Authorization Form is complete, then the CPA must initial and date indicating that the Formula and Food Authorization Form has met all of the requirements.
- c. Formula and Food Authorization Form must be kept in the participant's file.
- d. Issuing contract/non-contract infant formulas for children over one year of age requires a new Formula and Food Authorization Form at the child's one year birthday.

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Policy: Food Package III (see table below)

TABLE 3 Maximum Monthly Allowances of Supplemental Foods for Children and Women in Food Package III				
Foods ¹	Children	Women		
	1 through 4 years	Pregnant and Partially Breast-feeding (up to 1 year postpartum) ²	Postpartum (up to 6 months postpartum) ³	Fully Breastfeeding, (up to 1 year post-partum) ^{4,5}
Juice, single strength ⁶	128 fl oz	144 fl oz	96 fl oz	144 fl oz
WIC Formula ^{7,8}	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate	455 fl oz liquid concentrate
Milk	16 qt ^{9, 10, 11, 12}	22 qt ^{9, 10, 13, 14}	16 qt ^{9, 10, 13, 14}	24 qt ^{9, 10, 13, 14}
Breakfast cereal ^{15, 16}	36 oz	36 oz	36 oz	36 oz
Cheese	N/A	N/A	N/A	1 lb
Eggs	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables ^{17, 18}	\$6.00 in cash value vouchers	\$10.00 in cash value vouchers	\$10.00 in cash value vouchers	\$10.00 in cash value vouchers
Whole wheat bread ¹⁹	2 lb	1 lb	N/A	1 lb
Fish (canned)	N/A	N/A	N/A	30 oz
Legumes, dry ²⁰	1 lb	1 lb	1 lb	1 lb
<i>and/or</i>	<i>Or</i>	<i>And</i>	<i>Or</i>	<i>And</i>
Peanut butter	18 oz	18 oz	18 oz	18 oz

²⁰ Canned legumes may be substituted for dried legumes at the rate of 64 oz. of canned beans for 1 lb. dried beans.

Policy: Food Package IV

- I. Children 1 through 4 years of age
 - a. Eggs: 1 dozen
 - b. Cereal: 36 ounces
 - c. Juice, adult: 128 ounces single strength
 - d. Milk: 16 quarts
 - e. Fresh Fruits and Vegetables: \$6 Cash Value Voucher
 - f. Dry or Canned Beans, Peas and Lentils: 1 pound dry or 64 oz canned
 - g. 18 oz peanut butter

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- h. Whole Wheat Bread or other Whole Grains (brown rice or soft corn or whole wheat tortilla): 2 pounds

Policy: Food Package V

- I. Pregnant and Partially Breastfeeding Women*
 - a. Eggs: 1 dozen
 - b. Cereal: 36 ounces
 - c. Juice, single strength, 144 ounces reconstituted
 - d. Milk: 22 quarts
 - e. Fresh Fruits and Vegetables: \$10 Cash Value Voucher
 - f. Dry or Canned Beans, Peas and Lentils: 1 pound or 64 oz canned
 - g. Peanut Butter: 18 oz
 - h. Whole Wheat Bread or other Whole Grains (brown rice or soft corn or whole wheat tortilla): 1 pound

*See Food Package VII, Breastfeeding Enhanced, if the woman is not receiving WIC formula for her infant.

Policy: Food Package VI

- I. Postpartum Women
 - a. Eggs: 1 dozen
 - b. Cereal: 36 ounces
 - c. Juice, single strength, 96 ounces reconstituted
 - d. Milk: 16 quarts
 - e. Fresh Fruits and Vegetables: \$10 Cash Value Voucher
 - f. Dry or Canned Beans, Peas and Lentils: 1 pound or 64 oz canned or 18 oz peanut butter

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Policy: Food Package VII

- I. Fully Breastfeeding Women and Women Pregnant with Multiples and Women Partially Breastfeeding Multiples.
 - a. Eggs: 2 dozen
 - b. Cereal: 36 ounces
 - c. Juice, single strength, 144 ounces reconstituted
 - d. Milk: 24 quarts
 - e. Cheese: 1 pound
 - f. Fresh Fruits and Vegetables: \$10 Cash Value Voucher
 - g. Dry or Canned Beans, Peas and Lentils: 1 pound or 64 oz canned
 - h. Peanut Butter: 18 oz
 - i. Whole Wheat Bread or other Whole Grains (brown rice or soft corn or whole wheat tortilla): 1 pound
 - j. Fish (Tuna, Salmon): 30 ounces

Policy: Maximum amounts of foods allowed in the Federal Regulations

Food Packages IV, V, VI and VII Maximum Amounts Allowed

Food items	Food Package IV	Food Package V	Food Package VI	Food Package VII*
Eggs, dozen	1 dozen	1 dozen	1 dozen	2 dozen
Cereal, adult or infant	36 ounces	36 ounces	36 ounces	36 ounces
Juice, Frozen concentrate (reconstituted) Or 64 oz container juice	128 ounces (2-64 oz container)	144 ounces (3-12 oz cans)	96 ounces (2-12 oz cans)	144 ounces (3-12 oz cans)

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Milk or...	16 quarts	22 quarts	16 quarts	24 quarts
...Evaporated: 12 oz, or	21 cans	29 cans	21 cans	32 cans
...Non fat dry	16 quarts (2- 8qt)	22 quarts (1-20qt)	16 quarts (2-8qt)	24 quarts (3-8qt)
... Goat's milk, Lactose- reduced, UHT, and Acidophilus: qts,* or...	16 quarts	22 quarts	16 quarts	24 quarts
...UHT: 8 oz 3-packs,* or...	24 3-Packs	29 3-Packs	24 3-Packs	36 3-Packs
...Meyenberg Goat's Milk,* 12.0 oz cans, Evaporated or	21 cans	29 cans	21 cans	32 cans
Food items	Food Package IV	Food Package V	Food Package VI	Food Package VII
Cheese, 1 pound	Not applicable	Not applicable	Not applicable	1 pound
Peanut Butter/ Beans, peas, and lentils: Peanut Butter And /Or Beans, peas, and lentils	18 ounces or 1 pound dry or 64 oz canned	18 ounces and 1 pound dry or 64 oz canned	18 ounces or 1 pound dry or 64 oz canned	18 ounces and 1 pound dry or 64 oz canned
Fresh Fruits & Vegetables (CVV)	\$6	\$10	\$10	\$10
Fish	None	None	None	30 oz
Whole Wheat Bread**	2 pounds	1 pound	None	1 pound

*Fully Breastfeeding Mothers of Multiples: Will receive 1.5 times the amount of all foods every month and a \$15.00 CVV every month.

**Brown rice, soft corn or whole wheat tortillas may be substituted for whole wheat bread on an equal weight basis.

Policy: Milk/cheese substitutions

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I. Issuance

- a. One pound of cheese may be substituted for 3 quarts of milk for any one person.
- b. Additional cheese above the one pound may be substituted up to the full amount of milk with medical documentation (Utah Formula and Food Authorization) for the following reasons:
 - i. an underweight child who would benefit from additional calories.
 - ii. a child who has increased caloric needs due to a hypermetabolic state or medical condition.
 - iii. a child who consumes a limited quantity or sources of protein and who could benefit from the additional protein in milk.
 - iv. a child who lives in a home where there is extreme poverty or food insecurity.
 - v. a child who has a condition which interferes with calcium absorption or utilization.

Policy: Using frozen and single strength juices

I. Issuance

- a. 12 oz canned frozen juice or 64 oz container juice is allowed. Maximum amount is offered in each category.
- b. Tomato or vegetable juice is only available in 64-ounce containers.
- c. This is appropriate for reduced calorie and carbohydrate-restricted diets (gestational diabetes, IDDM).
- d. The reason for individual tailoring must be documented by the CPA.

Policy: Beans, Peas and Lentils and Peanut Butter

I. Issuance

- a. When determined by the state office that cost savings are necessary, the local agencies will be informed by the Program Manager to issue beans, peas and lentils every month. Otherwise, the routine procedure is to alternate issuing beans, peas and lentils (dry or canned) and peanut butter when a category is an "OR" category and does not receive both for a standard package, for example a Child package. If the standard package has both beans, peas, lentils "AND" peanut butter in one month, as in the Pregnant/Partially Breastfeeding package, it is appropriate to give peanut butter every month along with the beans, peas and lentils.

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- i. Exceptions are allowed under food package tailoring guidelines.
- b. The food package is an individual *tailored package* if peanut butter is issued every month.
 - i. The reason for individual tailoring must be documented in the care plan by the CPA.
 - ii. Peanut butter may be issued more frequently than every other month for an underweight postpartum woman or child who would benefit from additional calories.

Policy: Food Packages for breastfeeding women

I. Food Package V-Pregnant and Partially Breastfeeding Women

- a. A woman can receive the partially breastfeeding food package if she is breastfeeding an infant, up to one year of age and if the following guidelines are met.
- b. For the duration of 0-1 month, mom may only receive 104 fl oz (1 can) of formula in an effort to support women whose goal is to fully breastfeed.
- c. For the duration of 1-3 months not to exceed 364 fl oz of reconstituted liquid concentrate formula.
- d. For the duration of 4-5 months not to exceed 442 fl oz of reconstituted liquid concentrate formula.
- e. For the duration of 6-11 months not to exceed 312 fl oz of reconstituted liquid concentrate formula.

II. Food Package VII-Fully Breastfeeding Women

This food package is designed for the following types of women.

- a. Women fully breastfeeding an infant, up to one year of age, on an average of at least once per day and who is not receiving formula from the WIC program.
- b. Women pregnant with multiples.
- c. Women partially breastfeeding multiples.
- d. Fully Breastfeeding Mothers of Multiples: Will receive 1.5 times the amount of all foods every month and a \$15.00 CVV every month.

Policy: “Store brand/private label”

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I. Issuance

- a. For cost saving reasons, participants are required to purchase the store brand/private label of milk, cheese, peanut butter, eggs, beans, peas, lentils, tuna, salmon, brown rice, juice and cereal.
- b. When purchasing cheese participants should buy the *store brand/private label* of the *type of cheese* they would like (i.e. Cheddar, Mozzarella, Monterey Jack, or Colby, Colby-Jack, Longhorn, Longhorn-Colby). If more than one package of cheese is purchased, total weight cannot be more than the weight printed on the check.
- c. A store brand (also called a private label) **MUST** be purchased when indicated in the Authorized WIC Foods booklet. Some examples of store brands/private labels include: Western Family, Kroger, Albertsons/Essential Everyday, Great Value, Market Pantry, Hy-Top, (Malt-O-Meal bag cereals are authorized under this definition), other store brands/private labels may be available. If a store carries more than one store brand/private label then either product may be purchased regardless of price. If the store does not carry a store brand/private label for the WIC food item, then the cheapest brand name food item (such as Skippy, Kraft, Meadow Gold, etc.) can be purchased.

For cold cereal, full strength juice and frozen juice only, the WIC client **MUST** purchase an authorized store brand or private label (Western Family, Kroger, Albertsons/Essential Everyday, Great Value, Market Pantry, Hy-Top, Malt-O-Meal bag cereals are authorized under this definition) and cannot substitute a brand name (Kellogg's, General Mills, Post, Quaker Oats, Juicy Juice, Welch's, etc.). If a retailer is determined by the State WIC Office that they cannot obtain a store brand or private label cereal or juice, then a separate card will be given to the WIC participant indicating what can be purchased at those retailers.

- d. Exceptions to the store brand/private label policy must be for nutritional reasons and must be approved by the CPA.
 - i. The participant should be given a Special Food Letter stating what specific item(s) can be purchased.

Policy: Special request food items

I. Issuance

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- a. Participants are allowed to purchase food items listed on the food card. In certain nutritional conditions, special food items are occasionally indicated (see Food Package Tailoring Guidelines).
- b. Some special requested food items can be approved through the State office if they meet USDA Federal Regulation requirements. Submit the Rare Exception Special Food Letter to the state office.
- c. Most of these food items are listed in the “Product Guide” or in H.2. If there are any additional food items not identified in this manual, call the State WIC office.

H.6. Food Package Issuance

Policy: Food Package Assignment

- I. Who can issue:
 - a. **CPAs**
 - i. Assign authorized supplemental foods according to the participant's age, WIC category, nutritional need and current diet
 - ii. May issue all food packages
 - iii. CPAs can issue standard food packages, primary contract and non-contract milk-based and soy-based formulas and exempt formulas.
 - iv. All CPA 2 food package assignments must be reviewed and co-signed/approved by a CPA 1 unless the chart approval process has been waived according to the procedure outlined in Section B.
 - v. Breastfeeding must be supported and encouraged
 - b. **RDs** can issue all food packages.
- II. Assigning Food Packages I and II
 - a. Infants
 - i. Within each food package group, standard infant formula food packages are available.
 - ii. Infant food packages are arranged based on the participant's age and/or breastfeeding frequency.
 - iii. Infants up to 6 months of age can only have infant formula
 - iv. Infants 6-11 months of age can have formula, cereal, and baby food fruits and vegetables (fully-breastfed babies receive baby food meats also). This package cannot be assigned by the CPA before 6 months of age.
 - v. Breastfeeding must be supported and encouraged
- III. Assigning Food Packages IV, V, VI and VII
 - a. Each participant is generally assigned a food package(s) for the entire certification period.
 - b. Food package assignments may be changed by the CPA:
 - i. any time during the certification period at the request of the participant if the participant's dietary needs change.
 - c. For women and children, model food package choices are available based on participant preferences.

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- d. Food package III can be prescribed with a Formula and Food Authorization Form if an infant, child or woman needs a medical dietary formula/product.
 - e. Food packages IV - VII for these groups have the following options:
 - i. Model USDA packages
 - ii. Lactose-free milk packages
 - iii. Goat's milk packages
 - iv. Evaporated milk packages
 - v. Powdered milk packages
 - vi. Acidophilus milk packages
 - vii. Buttermilk packages
 - viii. Homeless food packages
 - ix. Individually tailored food packages
- IV. Deciding if a woman, infant or child needs Food Package III
- a. Infants, children and women with special dietary needs may receive special supplemental foods if the primary care physician determines that the participant has a medical condition preventing the use of conventional foods and needing the use of a special formula.
 - b. Breastfeeding is encouraged for these children (unless a rare contraindication exists) and must be supported through individual assessment and counseling.
 - i. The conditions include, but are not limited to metabolic disorders, inborn errors of metabolism, gastrointestinal disorders, malabsorption syndromes and allergies.
 - c. Supplemental foods cannot be authorized solely for the purposes of:
 - i. enhancing nutrient intake, or
 - ii. managing body weight of children and women participants .
- V. Assigning the 5 digit Food Package code
- a. The CPA/RD selects the specific food package(s) assigned to the participant for the issuance period (three months).
 - b. Food package codes are 5 characters long
 - c. The first letter relates to the food package category
 - i. I= Fully Formula Fed Infant
 - ii. L= Fully Breastfed Infant, Partially Formula Fed Infant
 - iii. C=Child

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- iv. P=Pregnant and Breastfeeding Woman
- v. N=Postpartum Woman
- vi. B=Woman who is Breastfeeding exclusively
- vii. T=Food Package III –Participants with Qualifying Medical Conditions
- viii. R=Formula “out of range” for breastfeeding infants.

VI. What is printed on the check?

- a. Food packages consist of 1 - 9 checks. Checks include the following information:
 - i. WIC ID number
 - ii. Name of the participant that the food is prescribed for
 - iii. Food package number
 - iv. Clinic
 - v. First day the check can be used
 - vi. Last day the check can be redeemed
 - vii. “Pay exactly” box - this is to be filled in by the vendor
 - viii. List of each food item and the amounts that the participant can buy with this check
 - ix. Box for the authorized vendor to stamp their name and WIC number
 - x. Authorized signature line

VII. What is printed on the Cash Value Voucher?

- a. Fresh Fruits and/or Vegetables only, not valid for more than maximum value. No cash can be exchanged.

Policy: Formula and Product Ordering from the State

Some formulas and medical products can be issued on food instruments as a food package. Listed below are the formulas and products which can be issued on checks since they are available on the shelves of most WIC approved grocery store vendors.

Procedure

- I. Available food packages
 - a. Standard infant formula (WIC primary contract and non-contract)
 - b. Hydrolysate formulas
 - c. Formulas for infants such as EnfaCare Lipil, NeoSure
 - d. Products for children such as PediaSure

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- e. Products for adults such as Boost, Ensure

Policy: Ordering, Receiving and Issuing Formula Ordered from the State

Call, email or fax in your order to the State WIC office . Calling in to the main line is the recommended method for ordering non-vouchered products, as the secretaries can direct your call to an available RD. If you choose to use email or fax, your order may not be completed in a timely matter. Please always verify with a state RD that your order has been received.

Procedure

I. Steps for Ordering

- a. When ordering exempt formulas or medical products, provide the following information to the state RD staff. Proration will be based on the number of days remaining in the month, rather than the 10 or 20 day computer based proration. Or, staff may provide the entire month's allowance adjusting the beginning issuance date to the date that the participant comes into the clinic to pick up the formula, while the ending date would be the same date the following month. These adjustments should all be documented on the paper formula logs in the clinic, not in the computer.
 - i. Date
 - ii. Clinic
 - iii. Client ID
 - iv. Client category
 - v. Client first/last name
 - vi. Client DOB
 - vii. Issuance period
 - viii. Product name (specify flavor, size if applicable)
 - ix. Amount indicated on prescription
 - x. Date needed by (allow 7 days and indicate any week day the clinic is closed)
 - xi. Medicaid (yes or no)
 - xii. Tube fed (yes or no)
 - xiii. Clinic RD submitting order form
 - xiv. Calorie amount per ounce (20 kcal/oz, 24 kcal/oz or 30 kcal/oz)
 - xv. Specific amount ordered by state licensed prescriptive authority
 - xiv. Plan/comments. Enter Medical diagnosis in ICD 10 terminology and plan for follow up.

II. Steps for Receiving

- a. Upon receipt of state ordered formula document the following:

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- i. Date/amount formula was received
 - ii. Client first name
 - iii. Client last name
 - iv. Client ID
 - v. Product name
 - vi. Product amount
 - vii. Issuance Period
 - viii. Expiration dates on all packaging
 - ix. Signature of WIC staff receiving the product
- b. Do not accept formula that expires within the issuance period.
 - c. Formula can only be issued within the issuance period. Formula distributed late in the issuance period should be prorated.
 - d. The pharmacy will only accept returned formula if it is expired, damaged or mistakenly issued by the pharmacy.

III. Steps for Issuing

- a. Upon issuing state ordered formula document the following:
 - i. Date formula was issued to client
 - ii. Signature of WIC staff issuing formula to client
 - iii. Signature of client
 - iv. Product name
 - v. Product amount
 - vi. Product expiration date
 - vii. Issuance Period

IV. Hardship cases necessitating shipment of state ordered formula to a participant's home or other shipment address

- a. Document one of the following hardship cases
 - i. A medical condition that necessitates the use of medical equipment that is not easily transportable.
 - ii. A medical condition that requires confinement to bed rest.
 - iii. A serious illness that may be exacerbated by coming in to the WIC clinic.
 - iv. Other hardship cases may be considered on a case by case basis when determined in the professional judgment of the local CPA/RD to necessitate shipment to a participant's home or other shipment address. Examples of other hardship cases may be lacking transportation or delay in shipment of original formula order to local clinic.

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- b. When ordering formula from the state, provide State RD with the shipment address, as well as preferred day of the week and time for shipping

Policy: Medicaid Reimbursement

For WIC participants who are on Medicaid the cost of enteral and metabolic formulas will be covered under the following conditions:

Procedure

I. Tube Feedings: Participant

- a. Must be currently enrolled in Medicaid and receive services through a HMO or Fee For Services (FFS)
- b. Is on total nutrition by tube feeding due to a missing, damaged, or nonfunctional part of the gastric system
- c. May not be on tube feeding due to failure to thrive or psychological problems
- d. May not be receiving supplemental oral feedings
- e. Must receive a product that has a Medical Reimbursement Code that is listed on the Approved Medicaid Reimbursement Product List
- f. Must be on a special formula (not a standard breastmilk substitute)

II. Metabolic Formula: Participant

- a. Must be currently enrolled in Medicaid and receive services through a HMO or Fee For Services (FFS)
- b. Must receive a metabolic product that has a Medical Reimbursement Code that is listed on the Approved Medicaid Reimbursement Product List
- c. For those on Medicaid who are enrolled in an HMO, work with the HMO for payment. The HMO will be listed on the Medicaid card.
- d. For those on Medicaid not enrolled in an HMO, work with Medicaid for payment. "FFS" will be listed on the Medicaid card.

III. How to receive Medicaid coverage

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- a. If a WIC participant meets either of the above criteria, the WIC RD should take the following steps:

Step	Action
1	Notify the participant that Medicaid or their HMO (listed on their Medicaid card) will provide product for them. Refer them to Medicaid or their HMO for prior approval.
2	For participants on metabolic products, their Metabolic Clinic can be contacted to assist in this process.
3	WIC may provide product until prior approval is obtained; the participant should not be refused service.
4	Notify the participant that they will need to take the prescription to the pharmacy. The prescription must be complete. (It must include name of the client, name of the product, amount needed, the prescriptive authority's name and signature, date, diagnosis).
5	Medicaid will also need the following information: 1. The Medicaid ID number a. IHC Home Care b. Praxair 2. The client's telephone number 3. Pharmacy's name and phone number 4. A copy of the Rx 5. The total product that WIC provides/the total amount that Medicaid will cover. 6. Diagnosis 7. The client must take this information to the pharmacy as well.
6	Clinic dietitian will facilitate this process by faxing the information to Praxair or IHC. Document all procedures
7	Contact the State WIC office if you have problems with this procedure.

IV. Medicaid Reimbursement beyond supplemental WIC

- a. For WIC participants who are receiving the maximum amount of formula authorized, and who are on Medicaid, Medicaid will provide additional formula needed by the participant on a case by case basis.

H.7. Individual Food Package Tailoring

Policy: Food Package Tailoring (allowed for an individual only, and not for groups of individuals).

The full maximum monthly allowances of all supplemental foods or the full nutritional benefit (FNB) in all food packages must be made available to participants. Issuing less than the maximum monthly allowances of supplemental foods to an individual WIC participant is only appropriate when:

- (1) Medically or nutritionally warranted (ie to eliminate a food due to a food allergy)
- (2) A participant refuses or cannot use the maximum monthly allowances; or
- (3) The quantities necessary to supplement another programs' contribution to fill a medical prescription would be less than the maximum monthly allowances.

The goal of the food package tailoring guidelines is to ensure that all participants receive the Utah WIC food package that best meets their individual nutritional needs. The tailoring guidelines will enable local agency nutritionists to prescribe food packages that directly correspond to the nutrition counseling given. In Utah, food packages are already designed and found in the "WIC Food Packages" file. There are many food packages available within each food package group. Take the time to review the numerous combinations available before food package issuance occurs.

Procedure

- I. State guidelines
 - a. Food packages prescribed shall help meet the individual nutritional and dietary needs of participants.
 - b. Food packages are to be prescribed and changed only by the CPA. No changes may be made without the CPA's approval.
 - c. Document the reason for tailoring or any changes made to the food package.
 - d. Prescription of, and changes in, food packages shall reflect changing individual nutrient and food consumption patterns. Foods not used by the participant may be tailored out of the package or quantities can be reduced to reflect need. It is not cost effective to provide food in greater quantities than are required to meet an individual's nutritional needs or to provide more food than an individual can consume.

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- e. Tailoring may be advised when food benefit issuance to the participant may give them more than they can consume e.g. - in cases where a family may have access to milk or eggs.
- f. WIC is not a food storage program. The food items provided should be used in their diets daily to help meet their nutritional needs.
- g. When tailoring the milk portion of the food package, use the following guidelines:
 - i. Whole milk is the only type of milk allowed for 1-year-old children. Reduced fat milks are the only type of milks allowed for children 2 through 4 years of age and women unless they obtain a prescription for whole milk and are also receiving an exempt formula or medical food.
 - ii. Milk alternatives include: Lactose-free milks, acidophilus milk, UHT, non fat dry (powdered) milk, evaporated milk, goat's milk and buttermilk. Cheese can be substituted for milk at a rate of 1 pound of cheese per 3 quarts of milk. For most food packages, 1 pound of cheese can be substituted for milk without a prescription. The full amount of milk may be substituted for cheese above the 1 pound of cheese substitution with medical documentation (Utah Formula and Food Authorization). Food packages are available for all of these milk alternatives.
- h. Women and children with special dietary needs may only be issued supplemental foods with a prescription. The CPA must document the need for the specific formula and the amounts of formula and foods prescribed.
- i. Tailoring for groups of individuals cannot be performed. Individual tailoring for economic reasons; i.e. to save program costs, also cannot be performed.
- j. If, after thorough examination of the "Food Packages" file, there is not a food package that meets a participant's needs, a request can be made to the State WIC office. See food issuance policies in this section.
- k. Some special requested food items may be considered for individuals with special nutritional needs. Issue a standard special food letter or complete and fax a rare exception food letter to the State WIC office to submit a food item for approval. Food items must meet federal nutrition WIC guidelines and state cost requirements in order to be approved. Food letters should only be issued to participants with a medical or nutritional need. Document the reason for issuance.

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- I. Food packages are available for homeless participants, participants with storage or refrigeration problems, and for individuals with anemia.
- II. Food package tailoring may occur at the following times:
 - a. At certification and recertification for all participants.
 - b. At any time that a prescriptive authority documents the need for a change.
 - c. At the request of the participant.
 - d. At the discretion of the RD or CPA. (Changes may include decreasing or eliminating food that the participant is not consuming).
 - e. When an exempt formula or medical food is prescribed, the food package must be selected based on the amount of formula indicated on the prescription
- III. Tailoring food packages for homeless participants or participants with limited resources
 - a. WIC participants who have limited facilities, or who have lost their normal place of residence due to loss of income, disaster or eviction, or who are escaping from domestic violence, may be temporarily relocated to emergency shelters, motels, hotels, or makeshift abodes within their WIC service area.
 - b. Due to the nature of these shelters, cooking facilities, refrigeration and acceptable storage areas for food may not be available.
 - c. For WIC participants living in temporary shelters, special consideration must be given to issuing supplemental food packages.
 - d. WIC checks should be issued monthly for all homeless individuals.
 - e. The types of supplemental foods prescribed must take into account the cooking and storage facilities available to the participant while living in a temporary shelter.
 - f. Although the aim of any food package prescription is to provide those supplemental foods to best meet the participant's nutritional needs, some modifications in both the types and the amounts of food may be required.
 - g. The CPA should determine the following each month before the package is issued:

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- i. availability of refrigeration for foods and prepared formula
 - ii. availability of cooking facilities
 - iii. availability of food storage facilities
 - iv. availability of eating utensils
 - v. availability of the number and size of bottles for infant formula
 - vi. availability of bottle washing and sterilization facilities
 - vii. the parent/guardians' competence in special preparation, storage, and feeding of WIC foods (especially those foods that are perishable)
- h. Specific education concerning use and storage of foods should be provided.
- i. Smaller amounts of WIC foods may need to be prescribed on each WIC check. Thus, the participant who is homeless may have more WIC checks than the average WIC participant.
- IV. Guidelines for tailoring Food Package I, Infants Birth through 5 months
- a. Breastfeeding should be encouraged as the easiest, most nutritious and safest way to feed the infant, given the possibility that refrigeration and facilities for the proper sterilization of bottles may be lacking. For infants receiving formula, powdered formula should be issued if appropriate and available.
 - b. The mother must be instructed on proper sterilization techniques of bottles and nipples, and how to prepare one bottle of formula at a time for circumstances of limited refrigeration. The use of bottles with disposable plastic liners may be recommended. Special education must be provided to the parent/guardian to discard all formula remaining in the bottle at the end of each feeding due to the potential for the rapid growth of harmful pathogens.
 - c. In the event that both refrigeration and the means to sterilize bottles and water are lacking, ready-to-feed formula should be issued in the appropriate container size.
 - d. Powdered formula should not be issued to premature infants (<37 weeks gestation) unless the guardian signs the consent form or the health care provider specifies powdered formula on a prescription. Infants with a compromised immune system can contract the *Enterobacter Sakazakii* bacteria from powdered formula. Concentrate (or RTF, if concentrate is not available), should be issued to the premature infant through the first year of life.
- V. Guidelines for tailoring Food Package II, Infants 6 through 11 months
- a. In addition to infant formula, infants are eligible to receive iron fortified infant cereal and infant food fruits and vegetables beginning at 6 months

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of age. Fully-breastfed infants also receive infant meats. Cereal is available in 8 ounce boxes. Infant food fruits and vegetables are available in 4 oz jars, infant food meats in 2.5 oz jars.

- b. Since the 4 to 12 month old infant does not require the continued use of sterilized bottles or water, all infants previously issued ready-to-feed formula should be reassessed at their mid-certification and changed over to a powdered infant formula package, if appropriate. In cases where unsanitary water supplies exist, continue to issue ready-to-feed formula. 32 oz RTF is the preferred container size for cost containment.

VI. Guidelines for tailoring Food Package III, Participants with qualifying conditions

- a. Powdered formula should be issued whenever possible. Participants may also receive supplemental foods, if prescribed. The amount and type of WIC foods issued depends on participant category.

Policy: Guidance on economical/good buying practices

Encourage WIC participants to practice economical shopping habits to make the best use of WIC food monies and to teach better consumer practices.

Procedure

I. Guidelines for buying practices

- a. Buy and use dry milk powder for use in cooking.
- b. Learn to cook with legumes (dry or canned beans, peas and lentils) rather than more expensive sources of protein such as meats. Complement the legumes with grain products or dairy products to make a complete protein.
- c. Buy powdered formula. (Reconstituted maximums are higher for powder than other forms).
- d. Buy milk instead of cheese.
- e. Buy milk and juice in the largest available container that is practical for the participant's use (e.g. gallons of milk rather than half gallons).
- f. Buy hot cereal instead of cold cereal.

II. Guidance on handling participants with leftover foods

- a. The WIC food package should not be tailored at the expense of the participant's nutritional status.

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- b. If the CPA feels it is necessary for the participant to consume the full amount of foods prescribed, the first course of action would be to explore, with the participant, ways to increase her/his intake of the leftover food of a particular item that was prescribed (i.e., infant cereal, adult cereal, milk, cheese).
 - c. Each month discuss the participant's previous food issuance to determine if they are receiving an excessive amount. Approach this in a manner that will not make the participant afraid that WIC is trying to take food away from them each month.
 - d. Emphasize that WIC foods are to be consumed within a one month period and if substantial amounts are leftover, the food package can be tailored to meet the participant's individual needs.
 - e. When counseling the participant whose food package was decreased because of leftover food, please reassure the participant that if her need changes, the food package can be increased again.
- III. Guidance on Food Packages for women and children with poor refrigeration, storage, and/or cooking facilities:
- a. If proper refrigeration is lacking, eggs and fluid or evaporated milk must be excluded from the food package.
 - b. Dry powdered or UHT milk should be issued. Give instructions on how to use the powdered milk and the importance of preparing one glass at a time.
 - c. Cereal and juice should still be provided in this food package in the amounts previously specified. Individual 5.5/6-ounce single strength cans of juice are the most appropriate size to issue those without adequate refrigeration. Maximum issuance for the 5.5/6-ounce can is:
 - i. FP III varies by category
 - ii. 21 cans for FP IV
 - iii. 24 cans for FP V and VII
 - iv. 16 cans for FP VI
 - d. Juice should be stored in clean glass or plastic containers and consumed as soon as possible.
 - e. If a participant is receiving Food Package VII, issue 1 lb cheese and 6 single-serving cans (5 ounce) of tuna.

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- f. If cooking facilities are not available, peanut butter or canned beans should be recommended instead of dry beans and eggs. The recommended substitutes for 1 pound of dried beans or 1 dozen eggs are:
 - i. 18 ounces peanut butter, **or**
 - ii. 4 - 16 ounce canned beans

H.8. Nutrition and WIC Food Package Counseling Guidelines

Policy

I. Infant Formula

- a. During the first 6 months of life adequate intake of all nutrients can be supplied by human milk, or by WIC approved iron fortified infant formula alone, without the introduction of solid food.
- b. Complementary foods introduced too early are of little benefit to the infant and may result in choking, food allergies or malnutrition. Introducing complementary foods too late may also result in malnutrition and poor acceptance of complementary foods. Complementary foods should be introduced to infants when they are developmentally ready. This readiness occurs in most infants at 6 months of age.

II. Breastfed Infants

- a. The use of supplemental formula should be minimized for breastfeeding infants by providing only the amount of formula that the infant is consuming at the time of check issuance. Formula should not be given to exclusively breastfed infants.
- b. Formula may be provided to a breastfed infant only after a thorough assessment of the mother and infant dyad. All formula issued to a breastfed infant must be authorized by a CPA. For partially breastfed infants, up to one can of formula may be issued in the first month, after a thorough assessment is completed (see Section K- Breastfeeding). The preferred form of formula in the first month is powder unless sterile liquid has been prescribed.
- c. Mothers who are requesting formula for the first time or who are requesting an increase in formula should be informed of the negative impact of formula supplementation on breastfeeding. These mothers should be provided education and support on establishing milk supply for continued breastfeeding (refer to Section K- Breastfeeding for the policies regarding education of breastfeeding dyads).
- d. Powder, rather than concentrate or RTF formula, should be recommended to mothers of breastfed infants who request formula with the exception of premature and/or immunocompromised infants who may require sterile liquid.

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- e. Infant formula should be evaluated on a case-by-case basis. Many low income or single mothers must return to work early or have other situations which may necessitate the use of formula. WIC staff working with WIC participants should be sensitive to a mother's need and should work with her to optimize the health of both the mother and the infant and support breastfeeding for as long as possible.

III. Infant cereal

- a. The introduction of complementary foods is recommended by 6 months of age, depending on developmental readiness. WIC provides infant cereal beginning at 6 months of age.
- b. Infant rice cereal is an ideal first food. Mix with breast milk or iron-fortified formula to encourage acceptance. Oat and barley cereals can be introduced after rice cereal, at one week intervals. Wheat cereal should not be introduced until 8 months of age. Infant cereal should not be fed in a bottle or infant feeder.
- c. The maximum amount of cereal need not be issued. Use the following guidelines when prescribing cereal for infants:
 - i. 6 - 8 months, 4-6 Tbsp/day with the addition of other age appropriate grains
 - ii. 8 -12 months, 4-6 Tbsp/day with the addition of other age appropriate grains
- d. The packages of dry infant cereal will provide the following quantities of cereal:
 - i. 8 oz cereal/month will provide about 2 Tbsp/day
 - ii. 16 oz cereal/month will provide about 4 Tbsp/day
 - iii. 24 oz cereal/month will provide about 6 Tbsp/day

IV. Infant foods

- a. The introduction of complementary foods is recommended by 6 months of age, depending on developmental readiness. WIC provides infant food fruits and vegetables beginning at 6 months of age. Fully breastfed infants also receive infant food meats.
- b. WIC staff should continue to educate and encourage participants to make home-prepared infant foods.
- c. The recommended amounts of infant foods fruits and vegetables are:
 - i. 4-6 months, 2-4 Tbsp/day, cooked, strained or pureed
 - ii. 6 - 8 months, 6-8 Tbsp/day, cooked, strained or pureed

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- ii. 8 -12 months, 6-8 Tbsp/day, cooked, pureed, chopped or mashed
- d. The packages of infant food fruit and vegetables will provide the following quantities:
 - i. 128 oz of infant food fruits and vegetables will provide about 8 Tbsp/day (fully formula fed)
 - ii. 256 oz of infant food fruits and vegetables will provide about 17 Tbsp/day (fully breastfed)
- e. The recommended amounts of infant food meats are:
 - i. 6-8 months, 1-2 Tbsp/day, strained or pureed
 - ii. 8-12 months, 1-3 Tbsp/day, pureed or chopped
- f. The packages of infant meats will provide the following quantities:
 - i. 77.5 oz of infant meats will provide about 5 Tbsp/day

V. **Infants, women and children with medical needs (Food Package III):**

- a. This food package is reserved for those individuals who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula or WIC-eligible medical food) because the use of conventional foods is restricted or inadequate to address their special nutritional needs.
- b. Participants must have one or more qualifying conditions, as determined by a licensed prescriptive authority, to receive this food package. Qualifying conditions include (but are not limited to):
 - i. premature birth
 - ii. low birth weight
 - iii. failure to thrive
 - iv. inborn errors of metabolism/metabolic disorders
 - v. gastrointestinal disorders
 - vi. malabsorption syndromes
 - vii. severe food allergies that require an elemental formula
- c. This package is not authorized for:
 - i. infants whose only condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula
 - ii. Women and children who have a food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages
- d. The supplemental food prescribed cannot be authorized solely for the purposes of enhancing nutrient intake or managing body weight without an underlying qualifying condition.

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- e. Documentation of the prescriptive authority's determination of the need for formula, the specific formula prescribed and the amount needed must be included in the participant's file.
 - i. Formula amounts can be authorized on an individual basis for up to the maximum package.
 - ii. Individuals should only be given the amounts they can consume or are prescribed to consume.
 - iii. Infant cereal, infant food fruits and vegetables, milk and milk alternatives, cheese, eggs, canned fish, fruits and vegetables, breakfast cereal, whole wheat bread and other whole grains, juice, legumes and peanut butter may also be authorized as appropriate for category, with the Formula and Food Authorization Form.

VI. **Children 1 through 4 years** (Food Package IV):

- a. **Milk**
 - i. The general guidelines for milk intake for preschool age children are 2 cups of dairy per day for a monthly total of 15-16 quarts.
 - ii. Food Package IV provides a maximum of 16 quarts of milk.
 - iii. The amount of milk prescribed, however, will depend on child's age, appetite and nutritional need condition.
 - iv. In order to meet their energy needs, children should receive whole milk during the second year (12-23 months). Beginning at 2 years of age, issue reduced or non fat milk.
 - v. Cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. The first 1 pound of cheese substitution does not require medical documentation. Issuance of more than 1 pound and up to the full amount of milk substituted requires medical documentation (Utah Formula and Food Authorization).
- b. **Cereal**
 - i. The maximum amount of cereal prescribed is 36 ounces per month.
 - ii. For children at risk of iron-deficiency, the WIC cereals provide excellent snacks. Some are particularly appropriate for finger-feeding of toddlers who have difficulty meeting their dietary iron needs and are at risk for iron deficiency.
- c. **Eggs**
 - i. Recommend the maximum quantity of eggs unless allergy or other contraindication exists.
 - ii. Eggs provide an excellent source of protein along with a diversity of other nutrients.
 - iii. Eggs are a high quality protein food, which are especially valuable for feeding preschoolers who are often finicky about eating meats and other high quality protein foods.

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- iv. If a child is not eating the full amount of eggs, educate the parents as to the nutritional value of eggs.
 - v. If a child does not like eggs, encourage their use in cooking and other ways, e.g. - french toast, custard, egg salad, casseroles, etc.
 - vi. Some participants may avoid eggs, due to a fear of dietary cholesterol. In general, most young children and pregnant women do not need to follow low cholesterol diets.
 - vii. Participants at risk for hypercholesterolemia (family history of CVD) should be referred to a dietitian for counseling and food package tailoring.
- d. Juice
- i. 2 64-oz bottles of juice will provide the RDA for vitamin C for this age group.
 - ii. By encouraging participants to increase their consumption of WIC juices, it is hoped that their intake of soda pop and other sugar based drinks which contain little or no nutritional value will be reduced.
 - iii. When prescribing up to the maximum amount of juice, take into account age and nutritional need.
 - iv. Anemic children will benefit from receiving the maximum quantity of juice, due to the enhancement of iron absorption when vitamin C is consumed at the same meal.
- e. Fruits and Vegetables
- i. The maximum amount of fresh fruits and vegetables prescribed is \$6.00 in cash value vouchers.
- f. Whole wheat bread or other whole grains
- i. The maximum amount of whole grains prescribed is 2 lbs.
- g. Peanut butter or legumes
- i. Peanut butter or legumes should be encouraged in the food prescription for the protein contribution they make in the diets of often-finicky young children.

VII. Child with a low hematocrit/hemoglobin

- a. Prescribe a food package which will increase his/her intake of iron (legumes, cereal), vitamin C (fruit juice and fruits and vegetables), and protein-rich foods (eggs, legumes, peanut butter)
- b. Feeding too much milk or cheese (which have low iron content) may prevent the child from eating adequate amounts of meat, dried beans and cereal which are good sources of iron.

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- c. Bottle feeding should be discontinued after a child turns one, with small portions of milk (1/2 cup) fed by cup with meals and snacks.
- d. As often as possible, vitamin C enriched juice should be consumed with eggs, iron fortified cereal, or legumes.
 - i. This will increase the amount of iron absorbed from the meal.
- e. In order to increase the iron content of the food package of the child with a low hematocrit/hemoglobin, legumes, rather than peanut butter, should be encouraged in the food prescription.

VIII. **Child with an inadequate growth pattern**

- a. Evaluate the diet to see if milk is deficient in the diet or if it is over-consumed at the expense of other food.
- b. The diet should also be assessed to see if the amount of protein and calories in the diet is deficient.
 - i. Peanut butter or legumes should be encouraged in the food prescription or their protein contribution to the diet.
- c. The child should be encouraged to eat a variety of foods in order to meet his/her dietary needs adequately.
- d. The WIC foods serve as excellent staples in the diet.
- e. The whole milk food package may be issued as a Food Package III in combination with an exempt formula or medical food to a child at 2 years of age and older with the required Utah Formula and Food Authorization. Cheese may be substituted up to 1 pound without a prescription. The use of whole milk, cheese, and peanut butter will increase calorie density of the diet and support faster growth.
- f. More frequent follow-up visits with the nutritionist are necessary for children who continue to grow poorly.

IX. **Child with G.I. disease**

- a. Issue peanut butter every month when G.I. diseases which would prevent the participant from eating dried beans (e.g. - irritable bowel syndrome, gastroesophageal fistulas, recent surgery, dumping syndrome, GI ulcers, Crohn's disease).

X. **Child over the age of two who is at greater than the 90th percentile BMI**

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- a. The parent should be educated as to the use of 1% or skim milk rather than 2% or whole milk.
- b. The use of peanut butter may be limited with legumes offered in their place.
- c. The parent should also be educated as to the benefits and methods of appropriate activity and energy balance for the prevention of obesity.

XI. Pregnant and breastfeeding women (Food Package V and VII):

- a. Encourage the use of the full food package.
- b. Issue reduced fat milk unless a woman has a prescription for whole milk and an exempt formula and medical food with the required Utah Formula and Food Authorization
- c. If the woman does not like to drink milk, encourage the use of cheeses and the use of milk products in cooking.
- d. Always ask if she is eating all the food prescribed to her
 - i. If not, she should be referred to the clinic nutritionist for dietary counseling.
- e. If milk is left over, the food package may need to be tailored and calcium intake assessed.
- f. To enhance iron absorption for the anemic pregnant or breastfeeding woman, suggest the use of cereals providing 100% USRDA of iron, legumes rather than peanut butter, and also the consumption of vitamin C enriched juices at the same meal as the iron fortified cereal and eggs.
- g. Weight reduction should never be recommended for the obese, pregnant woman.
- h. To control the rate of weight gain of an obese woman during pregnancy, or to enable gradual weight loss for the obese, lactating woman, issue the reduced fat milk package and encourage the purchase of skim milk.
- i. It is not recommended to reduce her total milk allowance, as that could cause inadequate nutrient intake.
- j. For women, cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. Without a prescription, pregnant and partially breastfeeding women may request up to 1 pound of cheese, fully breastfeeding women may request up to 2 pounds of cheese. With a

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prescription (Utah Formula and Food Authorization), additional cheese may be substituted up to the full amount of milk.

- k. These recommendations allow individual tailoring without compromising the nutrients provided by the food package.

XII. **Breastfeeding women**

- a. State agencies are not allowed to define “breastfeeding women” in a manner that is more restrictive than regulatory and legislative definitions (see definition in Section A).
- b. All women who are fully or partially breastfeeding their infant to any degree and are less than one year postpartum, must be categorized as “breastfeeding women”.
- c. The effect of a more restrictive definition would be the denial of WIC benefits to women eligible under law and regulations.
- d. The standard food packages for the breastfeeding woman should provide the maximum monthly allowances of the WIC foods.
- e. The breastfeeding woman should not receive less than the regulatory maximum amounts of foods unless the CPA determines that this is appropriate and based on an assessment of her individual nutritional needs.
- f. Generally, the nutritional needs of a breastfeeding woman, regardless of the extent to which she breastfeeds, exceed those of a non-breastfeeding, postpartum woman.
- g. Therefore, it is appropriate that the standard food packages for a breastfeeding woman provide a greater quantity and variety of foods than the standard food package offered to a non-breastfeeding, postpartum woman.
- h. The breastfeeding mother’s food package will decrease when the infant is receiving an out of range formula amount and after 6 months she will no longer receive food benefits, but will still be eligible for breastfeeding education and support, including breast pumps.

XIII. **Postpartum women (Food Package VI):**

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- a. The postpartum woman who is recovering from an uncomplicated pregnancy and birth may not need to eat the maximum amounts of foods provided for her in Food Package VI.
- b. The woman should be encouraged to consume milk products and counseled on the use of milk products in cooking.
- c. Any postpartum, non-breastfeeding woman who is at greater than or equal to 120% of the standard in weight for height, or has gained greater than 40 pounds during her pregnancy, should be encouraged to use low fat alternatives when possible.
- d. Issue the reduced fat milk package and encourage the purchase of skim milk and discourage cheese as a substitute for milk in order to reduce the caloric level of the food package.
- e. In order to replenish the iron stores possibly depleted by the pregnancy, the iron fortified cereal and vitamin C enriched juice should be eaten at the same meal.

XIV. Use of legumes

- a. Participants who report gastrointestinal intolerance of legumes should be encouraged to use the legumes in ways which will result in less gastric problems. Some suggested methods are:
 - i. Use split peas, limas and lentils as these are less gas producing than other legumes.
 - ii. Cook the beans for a long time at a low heat to help reduce the legumes' flatulence causing properties.
 - iii. Drain the soak water and use fresh water for cooking legumes.
 - iv. Incorporate small amounts of the beans into recipes, using them as meat extenders. For example, use beans in soups, stews, chili, tacos, burritos, tostadas.
 - v. Eat small servings at first giving the digestive system a few weeks to adjust to the beans.

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